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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	See Attachment A
	Filing Date	See Attachment A
	First Named Inventor	See Attachment A
	Art Unit	See Attachment A
	Examiner Name	See Attachment A
	Attorney Docket Number	See Attachment A

I hereby revoke all previous powers of attorney given in the above-identified application.																											
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 75436																											
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center; justify-content: space-between;"> <input checked="" type="checkbox"/> The address associated with Customer Number: 75436 </div>																											
OR <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Firm or Individual Name</td> <td colspan="3">Lisa M. Treannie, Esq. MORSE, BARNES-BROWN & PENDLETON, P.C.</td> </tr> <tr> <td>Address</td> <td colspan="4">Reservoir Place 1601 Trapelo Road, Suite 205</td> </tr> <tr> <td>City</td> <td colspan="4">Waltham</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>State</td> <td>MA</td> <td>Zip</td> </tr> <tr> <td>Telephone</td> <td>781-622-5930</td> <td>Email</td> <td colspan="2">ltreannie@mbbp.com</td> </tr> </table>			<input type="checkbox"/>	Firm or Individual Name	Lisa M. Treannie, Esq. MORSE, BARNES-BROWN & PENDLETON, P.C.			Address	Reservoir Place 1601 Trapelo Road, Suite 205				City	Waltham				Country	USA	State	MA	Zip	Telephone	781-622-5930	Email	ltreannie@mbbp.com	
<input type="checkbox"/>	Firm or Individual Name	Lisa M. Treannie, Esq. MORSE, BARNES-BROWN & PENDLETON, P.C.																									
Address	Reservoir Place 1601 Trapelo Road, Suite 205																										
City	Waltham																										
Country	USA	State	MA	Zip																							
Telephone	781-622-5930	Email	ltreannie@mbbp.com																								
I am the:																											
<input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>																											
SIGNATURE of Applicant or Assignee of Record																											
Signature																											
Name	Kerslin Danowski, Shire Orphan Therapies GmbH																										
Date	26.01.2012	Telephone 004930206582005																									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																											
<input checked="" type="checkbox"/>	*Total of <u>1</u> forms are submitted.																										